PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: Thi appropriate, All furthe indicated unless correc maintenance fee notific	r correspondence includated below or directed o	for traning the therwise	smitting the ISS Patent, advance of in Block 1, by (UE FEE and PUBLICA orders and notification of a) specifying a new core.	ATION FEE (if requ f maintenance fees respondence address	uired). will be s; and/	Blocks I through 5 trailed to the curren or (b) indicating a ser	should be completed when t correspondence address a parate "FEE ADDRESS" for
CURRENT CORRESPON	any change of address)	F p h	lote: A certificate of ec(s) Transmittal, Ti apers. Each addition ave its own certificat	maili nis cert al pape e of m	ng can only be used i ificate cannot be used or, such as an assignm ailing or transmission.	or domestic mailings of the for any other accompanying ent or formal drawing, mus		
BE VOCAL 685 CLYDE AVENUE MOUNTAIN VIEW, CA 94043-2213					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimility transmitted to the USPTO (571) 273-2885, on the date indicated below.			
					April Skovmand	(Depositor's name)		
		<u> </u>	April Skovmand/			(Signature)		
				· L	April 16, 2007			(Date)
APPLICATION NO. FILING DATE				FIRST NAMED INVENTO	TOR ATTORNEY DOCKET NO.			CONFIRMATION NO.
09/769,880	01/24/2001		Bertrand A. Damiba BVOCP001				5478	
TITLE OF INVENTION PLATFORM	N: SYSTEM, METHOE	AND (COMPUTER PRO	OGRAM PRODUCT FO	r a distributei	o spei	ECH RECOGNITION	TUNING
APPLN, TYPE	SMALL ENTITY	185	sue fee due	PUBLICATION FEE DU	e prev. paid issu	e fee	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	No xwaxex	\$140)()\$x00	\$300	\$0		\$1700 ^{\$1808}	04/16/2007
EXAMINER			ART UNIT	CLASS-SUBCLASS		1		
MCFADDEN, SUSAN IRIS 2626				704-270100	***************************************			
 Change of correspondence address or indication of "Fee Address" (3 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. □ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custom Number is required. 				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME A	AND RESIDENCE DAT. less an assignce is ident th in 37 CFR 3.11. Com			THE PATENT (print or t	ype) patent. If an assign n assignment.			ocument has been filed for
BeVocal, Inc. Sunnyvale, CA								
lease check the appropr	riate assignce category or	categor	ies (will not be pr	inted on the patent):	Individual VC	morat	ion or other private gro	oup entity Government
In. The following fee(s) are submitted: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies				4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1351 (enclose an extra copy of this form).				
	tus (from status indicate					No BVO		a according to the second
	s SMALL ENTITY state			√ b. Applicant is no lo				
OTE: The Issue Fee an nierest as shown by the	d Publication Fee (if req records of the United Sta	uired) w tes Pate	ill not be accepted nt and Trademark	f from anyone other than Office.	the applicant; a regi	stered :	attomey or agent; or th	e assignce or other party in
Authorized Signature /KEVINZILKA/				Date April 16, 2007				
Typed or printed name Kevin J. Zilka				Registration No. 41,429				
his collection of inform n application. Confident ubmitting the completed his form and/or suggesti	ation is required by 37 C tiality is governed by 35 I application form to the ons for reducing this bu	FR 1.31 U.S.C. USPTC	1. The informatio 122 and 37 CFR :). Time will vary ould be sent to the	n is required to obtain or 1.14. This collection is e depending upon the ind Chief Information Office	retain a benefit by the stimated to take 12 revidual case. Any coper 11 S. Patent and	he publ ninutes mment Traden	fic which is to file (and s to complete, includin is on the amount of tin	by the USPTO to process) g gathering, preparing, and ne you require to complete

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.